

Certification of Correctness of Delinquent Restitution

I, (Name) _____, declare that the delinquent accounts submitted to and on file with CDSS have been reviewed and I am informed and believe that each individual has been identified by the correct Social Security Number, that the County has the "right of recovery," as defined in the regulations (CDSS MPP 20-400), all appropriate ACLs were reviewed, and that the amount of total restitution owed is correct.

I declare under penalty of perjury that the foregoing is true and correct.

Dated this _____ day of _____, 20_____ in the

County of _____, California

Signature

Title